

SCHEDULE CHANGE FORM

RETURN FORM TO MAIN OFFICE

Forms will be reviewed as they are received. Responses will be returned through the main office. This form should be used for any errors or omissions to your schedule. Schedule changes for any other reasons can not be addressed due to the commitment of teachers and classes based on your original schedule selection. Thank you for your cooperation.

NAME: _____ DATE: _____

GRADE: _____ HOMEROOM TEACHER: _____

DROP:

ADD:

EDUCATIONAL REASON FOR ANY CHANGE:

Student's Signature

Student's Email

Parent's Signature

Parent's Email

For Office Use Only:

Counselor's Signature _____

Principal's Signature _____